



**WISCONSIN LEGISLATIVE COUNCIL  
REPORT TO THE LEGISLATURE**

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**SPECIAL COMMITTEE ON  
THE PUBLIC HEALTH  
SYSTEM'S RESPONSE TO  
TERRORISM AND PUBLIC  
HEALTH EMERGENCIES**

April 23, 2003

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**SPECIAL COMMITTEE ON  
THE PUBLIC HEALTH SYSTEM'S RESPONSE TO TERRORISM AND  
PUBLIC HEALTH EMERGENCIES**

Prepared by:  
Richard Sweet and Pam Shannon, Senior Staff Attorneys  
April 23, 2003

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## **PART I**

### **KEY PROVISIONS OF COMMITTEE RECOMMENDATION**

The Joint Legislative Council has introduced the following legislation in the 2003-04 Session of the Legislature based on the recommendations of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies:

**2003 SENATE BILL 120, RELATING TO CREATING A PUBLIC HEALTH COUNCIL, REIMBURSEMENT FOR QUARANTINE COSTS, INTRASTATE MUTUAL AID, REQUIRING USE OF THE INCIDENT COMMAND SYSTEM IN AN EMERGENCY, EXEMPTION FROM LIABILITY DURING A STATE OF EMERGENCY, THREATS TO RELEASE OR DISSEMINATE HARMFUL CHEMICAL, BIOLOGICAL, OR RADIOACTIVE SUBSTANCES, MAKING APPROPRIATIONS, AND PROVIDING A PENALTY**

- Creates a Public Health Council in the Department of Health and Family Services (DHFS) to monitor implementation of the state's 10-year public health plan, *Healthiest Wisconsin 2010*, and coordination of responses to public health emergencies.
- Reimburses local health departments for their costs in quarantining persons during the period of a public health emergency declared by the Governor.
- Establishes a statewide system of mutual aid for emergency management programs, emergency medical services (EMS) programs, fire departments, and local health departments during periods of emergency.
- Requires use of the incident command system (ICS) (a functional management system for assigning responsibilities of various parties during emergencies) by all emergency response agencies, including local health departments, in responding to emergency situations and inclusion of local government officials and local health department personnel in incident command training.
- Provides immunity from liability to persons acting under the direction of DHFS or a local health department during the period of a public health emergency declared by the Governor in which DHFS is designated as the lead state agency.
- Penalizes threats to release or disseminate chemical, biological, or radioactive substances.



## **PART II**

### **COMMITTEE ACTIVITY**

#### **ASSIGNMENT**

The Joint Legislative Council established the Special Committee and appointed the co-chairs by a May 22, 2002 mail ballot and appointed the members by a July 15, 2002 mail ballot. The Special Committee was directed to examine: (1) the capacity of the public health system, and the adequacy of state laws to enable that system, to detect and respond quickly to a terrorist act or public health emergency; (2) the coordination of activities of the public health system with other systems involved in responding to a terrorist act or public health emergency; and (3) the adequacy and flexibility of resources available to these systems that can be used to detect and respond to terrorist acts and public health emergencies.

The membership of the Special Committee consisted of two Senators, four Representatives, and eight public members. [A list of the committee membership is set forth in *Appendix 3*.]

#### **SUMMARY OF MEETINGS**

The Special Committee held four meetings in Madison on the following dates:

September 4, 2002

October 2, 2002

November 13, 2002

December 17, 2002

September 4, 2002. The Special Committee reviewed a Staff Brief on selected laws and programs in Wisconsin relating to public health emergencies and the emergency management system. The committee heard testimony from speakers from the federal Centers for Disease Control and Prevention, the Division of Emergency Management in the Department of Military Affairs, the Division of Public Health in DHFS, St. Mary's Hospital in Madison, and the Marathon County Health Department in Wausau.

October 2, 2002. The Special Committee held a public hearing. The committee received testimony from the co-chairs of the Governor's Task Force on Terrorism Preparedness, staff of the Division of Public Health in DHFS, a panel representing the Wisconsin Public Health Association, the Wisconsin Association of Local Health Departments and Boards, and the Wisconsin Environmental Health Association, and various local health officials. The committee also heard from two physicians working in the public health area, a representative of the Wisconsin Nurses Association, and a representative of the Survival Coalition of Wisconsin Disability Organizations.

November 13, 2002. The co-chairs of the Governor's Task Force on Terrorism Preparedness presented the Final Report of the Task Force, which was completed in October 2002. The committee reviewed a staff memorandum which compiled the preliminary suggestions made to date by committee members and speakers. The committee directed staff to prepare eight bill drafts on various subjects, several of which incorporated Task Force recommendations, as

well as several letters containing nonlegislative recommendations to various state and federal officials and other persons.

December 17, 2002. The Special Committee reviewed eight bill drafts, voted to approve six of the drafts with some modifications, and directed staff to combine them into a single bill draft for consideration by the Joint Legislative Council. The committee also voted to send letters with committee recommendations that did not require statutory changes to: DHFS Secretary-Designate Helene Nelson; Governor-Elect James E. Doyle; Department of Health and Human Services Secretary Tommy G. Thompson and the Wisconsin Congressional Delegation; and John Laabs of the Wisconsin Broadcasters Association and Thomas S. Hanson of the Wisconsin Cable Communications Association. [The letters are described and reproduced under Part IV.]



### **PART III**

#### **RECOMMENDATION INTRODUCED BY THE JOINT LEGISLATIVE COUNCIL**

This part of the report provides background information on, and a description of, the bill recommended by the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies for introduction in the 2003-04 Session of the Legislature and subsequently introduced by the Joint Legislative Council.

#### **2003 SENATE BILL 120, RELATING TO CREATING A PUBLIC HEALTH COUNCIL, REIMBURSEMENT FOR QUARANTINE COSTS, INTRASTATE MUTUAL AID, REQUIRING USE OF THE INCIDENT COMMAND SYSTEM IN AN EMERGENCY, EXEMPTION FROM LIABILITY DURING A STATE OF EMERGENCY, THREATS TO RELEASE OR DISSEMINATE HARMFUL CHEMICAL, BIOLOGICAL, OR RADIOACTIVE SUBSTANCES, MAKING APPROPRIATIONS, AND PROVIDING A PENALTY**

##### **Public Health Council**

###### ***Background***

Under current s. 15.04 (1) (c), Stats., in addition to any council specifically created by law, departments are given the authority to create and appoint such councils or committees as the operation of the department requires. DHFS has created the Public Health Advisory Committee. That committee consists of 33 members, including two vacant positions, who represent various associations and educational institutions with an interest in public health. The committee advises the Secretary of DHFS on public health matters and also is a mechanism by which member organizations can learn about public health activities at the state level.

###### ***Description of the Bill***

The bill creates a 17-member Public Health Council in DHFS. The council must include representatives of health care consumers, health care providers, health professions educators, local health departments and boards, public safety agencies, and the Public Health Advisory Committee established by the Secretary of DHFS.

The council is required to advise DHFS, the Governor, the Legislature, and the public on progress in implementing DHFS's 10-year public health plan and coordination of responses to public health emergencies.

##### **Reimbursement for Quarantine Costs**

###### ***Background***

Current law provides DHFS and local officers acting on behalf of DHFS with the authority to require isolation or quarantine of certain individuals as may be necessary. In addition, during the period under which DHFS is designated as the lead state agency in response to a public health emergency that has been declared by the Governor, DHFS may order

individuals to receive vaccinations unless the vaccination is reasonably likely to lead to serious harm to the individual or unless the individual, for reasons of religion or conscience, refuses to obtain the vaccination. During such a declared public health emergency, DHFS may isolate or quarantine any person who is unwilling or unable for any of these reasons to receive a vaccination.

Under current law, expenses for necessary medical care, food, and other articles needed for the care of the infected person are charged against the person or whoever is liable for the person's support. The county or municipality in which a person with a communicable disease resides is liable for the following expenses of the local health department: (1) the expense of employing guards for a quarantine; (2) the expense of maintaining quarantine and enforcing isolation of the quarantined area; (3) the expense of conducting examinations and tests for disease carriers; and (4) the expense of care provided to a dependent person.

### ***Description of the Bill***

The bill requires the state to reimburse local health departments for all of their expenses incurred in quarantining a person outside his or her home during a declared state of emergency related to public health and not reimbursed from federal funds.

Reimbursement would be made from one of two state sum sufficient appropriations: (1) a DHFS appropriation created in this bill, if the Governor has called a state of emergency related to public health under s. 166.03 (1) (b) 1., Stats., and has designated DHFS as the lead state agency; or (2) an existing Department of Military Affairs (DMA) appropriation, if the Governor has called a state of emergency related to public health under s. 166.03 (1) (b) 1., Stats., but has not designated DHFS as the lead state agency.

### **Intrastate Mutual Aid**

#### ***Background***

Currently, law enforcement agencies are authorized to enter into mutual aid agreements with other law enforcement agencies in the state, under s. 66.0313 (2), Stats. The personnel of the agency furnishing assistance are considered employees of the requesting agency while providing assistance. Law enforcement agencies may also enter into mutual aid agreements with law enforcement agencies in adjacent states.

The state is party to a compact for interstate emergency management mutual aid, but there is no specific statutory provision for intrastate emergency management mutual aid. The statutes provide that counties, towns, and municipalities may cooperate through an intergovernmental contract to provide and finance emergency management services and combine offices. Generally, this contracting has been between adjacent counties.

Fire departments throughout the state operate under mutual aid agreements with other in-state fire departments that are not specifically provided for in statutes. These mutual aid agreements appear to fall under the general language of s. 66.0301, Stats., which permits municipalities to enter into intergovernmental cooperation agreements. A provision of the Wisconsin Administrative Code relating to fire department dues provides that a fire department

may use mutual aid agreements as a means of providing fire protection services. [s. Comm 14.48 (1) (b) 1., Wis. Adm. Code.]

Some local fire departments are also parties to interstate fire mutual aid agreements under the general statutory provision authorizing municipal interstate cooperation agreements. [s. 66.0303, Stats.]

### ***Description of the Bill***

The bill establishes a statewide system of mutual aid for emergency management programs, EMS programs, fire departments, and local health departments.

Under the bill, upon the request of a county, city, village, or town, or a person acting under an ICS, the personnel of any emergency management program, EMS program, fire department, or local health department may assist the requester within the requester's jurisdiction, without regard to any other jurisdictional provision. The entity employing the personnel acting in response to a request for assistance is responsible for the personnel-related costs incurred in providing the assistance. The bill defines "incident command system" using language from the definition in s. Comm 30.01 (16), Wis. Adm. Code, and from the State of Washington's ICS statutes.

### **Incident Command System**

#### ***Background***

Under current law:

1. Department of Commerce administrative rules governing fire department incident management require that every public sector fire department establish an ICS which has written guidelines applying to all fire fighters involved in emergency operations and which identifies fire fighter roles and responsibilities relating to the safety of operations. These rules define "incident command system" as an organized system of roles, responsibilities, and suggested operating guidelines used to manage and direct emergency operations. Under these rules, fire departments are required to train all fire fighters involved in emergency operations in the ICS and assign safety responsibilities to supervisory personnel at each level of operations. [ss. Comm 30.14 (1) (a) to (c) and 30.01 (16), Wis. Adm. Code.] A footnote to the incident command rule provision indicates that suggested operating guidelines have been developed and published by the Wisconsin Technical College System Board.

2. Department of Natural Resources administrative rules relating to hazardous substance discharge response provide that when deemed appropriate to effectively coordinate all actions at the scene of a hazardous substance discharge, an ICS shall be implemented. In these rules, "incident command system" is defined as an organized approach used to effectively control and manage operations at the scene of a hazardous substance discharge. [ss. NR 702.09 (2) and 702.03, Wis. Adm. Code].

3. The state Emergency Operations Plan (EOP) developed by the Division of Emergency Management (known as "Wisconsin Emergency Management" or "WEM") provides that an ICS "will be used in disaster response." However, the EOP does not indicate specifically what the ICS

entails or who must use it. The EOP further states that unified command is to be used in situations which affect multiple jurisdictions or multiple agencies within a jurisdiction or which require response by multiple levels of government. The EOP notes that these command and control systems require the participation of the chief elected officials. The EOP also provides that as the lead state agency for direction and control, WEM is to direct and coordinate emergency operations to support incident command at the local level.

At present, there are no statutory provisions pertaining to incident command.

### ***Description of the Bill***

This bill does the following:

1. Defines the term “incident command system,” using language from the definition in s. Comm 30.01 (16), Wis. Adm. Code, and from the State of Washington’s incident command statutes.

2. Requires that an ICS be used by all emergency response agencies, including local health departments, during a state or locally declared emergency or in any other multi-jurisdictional or multi-agency emergency response.

3. Requires the Adjutant General, in developing statewide emergency training and exercise programs, to provide training in managing emergency operations utilizing the ICS to local government officials, officers, and employees whose duties include responding to emergencies, including officers and employees of local health departments. The Adjutant General must consult with DHFS regarding the ICS training for local health department personnel. The bill requires the Adjutant General to utilize federal funding to provide ICS training, to the extent possible.

### **Exemption From Liability**

#### ***Background***

Current law provides an exemption from liability for a person who provides equipment or services during a state of emergency declared by the Governor for the death of or injury to any person or damage to any property caused by his or her actions. The immunity does not apply if the person acted intentionally or with gross negligence. Under current law, the exemption from liability applies if the person provides the equipment or services under the direction of the Governor, the Adjutant General, or the head of emergency management services in any county, town, or municipality.

#### ***Description of the Bill***

The bill amends the law so that the exemption from liability also applies if the person provides the equipment or services under the direction of DHFS, if that department is designated by the Governor as the lead state agency to address a public health emergency, or at the direction of a local health department that is acting as the agent of DHFS.

## *Chemical, Biological, or Radioactive Substance Threats*

### *Background*

Current s. 947.015, Stats., penalizes persons who cause bomb scares. Under that statute, whoever intentionally conveys or causes to be conveyed any threat or false information, knowing that it is false, concerning an attempt or alleged attempt being made or to be made to destroy any property by the means of explosives is guilty of a Class I felony.

### *Description of the Bill*

The bill prohibits a person from intentionally making a threat to release or disseminate a harmful substance, knowing that the threat is false, if the threat induces a reasonable expectation or fear that the person will release or disseminate a harmful substance. The term “harmful substance” is defined as radioactive material that is harmful to human life, a toxic chemical or its precursor, or a biological agent. A person who violates this prohibition is guilty of a Class I felony, which is punishable by a fine of not more than \$10,000, imprisonment for not more than 3-1/2 years, or both.

The bill further requires that persons who violate this prohibition are to be assessed by the court for moneys expended by a state or local government agency for activities in connection with the threat, including: (1) the response to the threat by emergency medical personnel; (2) the analysis of any substance alleged to be a harmful substance; and (3) the medical treatment of persons who are alleged to have been exposed to an alleged harmful substance. The moneys assessed are to be reimbursed to the state or local agency that incurred the expense.



## PART IV

### OTHER COMMITTEE RECOMMENDATIONS

The committee sent four letters addressing various issues related to preparedness for terrorism and public health emergencies.

**Item 1** - Letter dated December 18, 2002, to Secretary-Designate Helene Nelson of DHFS, regarding support for a statewide database of persons who are willing and trained to assist during public health emergencies, development of a real-time disease surveillance system, recognition of the needs of persons with disabilities in emergency preparedness planning, and continued funding for a statewide trauma system.

Secretary-Designate Helene Nelson  
Department of Health and Family Services  
One West Wilson Street, Room 650  
Madison, WI 53703

Dear Secretary-Designate Nelson:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

We are writing in support of several informal recommendations of the Special Committee that affect the Department of Health and Family Services (DHFS). Those are as follows:

1. The committee supports the establishment and maintenance by the department of a database of persons who are willing to assist during public health emergencies and are trained to do so. In addition to health care providers such as physicians, physician assistants, and nurses, the database should include first responders, emergency medical technicians, members of the clergy, mental health counselors, and representatives of mortuaries. Furthermore, in compiling the database, the committee encourages the department to contact the American Red Cross and other volunteer organizations active in disaster (VOAD) to coordinate the department's efforts with the efforts by those organizations to compile a database of volunteers.
2. The committee supports the development by the department of a real-time syndromic disease surveillance system, which would allow local health departments and DHFS to monitor diseases through electronic connections between hospitals and other health care providers, DHFS, and the State Laboratory of Hygiene. Early identification of a

public health emergency will help mitigate its adverse consequences and the committee applauds the department's efforts in this regard.

3. Emergency preparedness planning by DHFS and others must recognize the needs of persons with disabilities, including chronic illnesses, especially persons who are immuno-compromised, who are living independently. Needs such as transportation, communication, and services at emergency shelters must be taken into account in developing emergency preparedness plans. Therefore, the committee encourages the department and regional public health emergency preparedness consortia to include representatives of those persons in preparedness planning.

The committee also encourages the department to review its rules to determine whether the rules include any impediments to provision of, or payment for, health care in emergency shelters or other housing situations outside the person's home. For example, could services that are typically provided in a person's own home (e.g., home health or personal care) be provided to a person with disabilities and paid for by DHFS when the person is relocated to an emergency living situation, whether in Wisconsin or in another state, during a public health emergency? Appropriate changes should be made in the rules to address this.

4. The committee supports continued funding of a statewide trauma system.

Thank you for your consideration of these recommendations and we look forward to your response.

Sincerely,

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Senator Judy Robson, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

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Representative Frank Urban, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies



**Item 2** - Letter dated December 18, 2002, to Governor-Elect James E. Doyle, regarding continuation of the Governor's Task Force on Terrorism Preparedness, use by state agencies of the incident command system, and continuation of the Public Health Advisory Committee.

Governor-Elect James E. Doyle  
140 East Wilson Street  
Madison, WI 53702

Dear Governor-Elect Doyle:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

As you know, the current Governor established the Task Force on Terrorism Preparedness following the events of September 11, 2001, to continue an ongoing assessment of Wisconsin's level of preparedness and provide recommendations for additional action and planning. The Task Force completed its work in October and its Co-Chairs, Ed Gleason, Administrator of the Division of Emergency Management, and Phyllis Dubé, Secretary of the Department of Health and Family Services (DHFS), presented the Final Report of the Task Force to the Special Committee at its November 13, 2002 meeting. A copy of the Task Force Report is enclosed for your reference.

At its final meeting yesterday, the Special Committee voted to recommend to the Joint Legislative Council proposed legislation to implement a number of recommendations in the Task Force Report that require statutory changes. In addition, the committee directed us to correspond with you to indicate its support for two items in the Task Force Report that are particularly within the Governor's purview, as well as two additional recommendations originating with the Special Committee.

First, the Task Force recommended, and the Special Committee concurs, that the Governor establish an ongoing working group to continue the Task Force's progress on planning and preparedness and monitor implementation of the Task Force recommendations. The Special Committee believes that, like the Task Force, this entity should include representatives from government agencies at all levels involved in emergency planning and response, as well as persons outside of government who have expertise in this subject. The Task Force Report indicates that it is of paramount importance that the work on preventing and managing the consequences of terrorist attacks continue.

Second, the Task Force recommended that the Governor consider issuing an Executive Order mandating that state agencies utilize the incident command system (ICS) in responding to emergencies. The Task Force indicated, and the Special Committee concurs, that incident command provides a commonly understood framework for emergency response, in order to effectively and efficiently command, control, and coordinate the deployment of response

resources and assets during an emergency. Training in use of ICS is critical for all types of emergency responders, including local health department personnel who may be called upon in public health emergencies.

The committee's proposed legislation includes a requirement that all emergency response agencies, including local health departments, use ICS for multi-jurisdiction and multi-agency emergency operations. The Adjutant General would be directed to provide ICS training programs, including training for local officials and local health department personnel, utilizing federal funding to the extent possible. The committee believes that an Executive Order would hasten implementation of ICS.

Third, the Special Committee would like to encourage you to retain the current DHFS Public Health Advisory Committee. The committee believes that the advisory committee can play a key role in implementing the DHFS' 10-year public health plan, *Healthiest Wisconsin 2010*, as well as advising the Division of Public Health on public health infrastructure needs and emerging public health care issues. In addition, the committee's proposed legislation calls for the creation of a statutory public health council.

Finally, the Special Committee supports the continued funding of the statewide trauma system.

We appreciate your consideration of these recommendations and would be happy to discuss them with you at any time.

Sincerely,

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Senator Judy Robson, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

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Representative Frank Urban, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

**Item 3** - Letter dated December 18, 2002, to Secretary Tommy G. Thompson of the Department of Health and Human Services, and members of the Wisconsin Congressional Delegation, regarding continued federal funding for public health preparedness and use of this funding at a local level.

Secretary Tommy G. Thompson, Department of Health and Human Services  
Senator Russell D. Feingold  
Senator Herbert H. Kohl  
Representative Tammy Baldwin  
Representative Mark A. Green  
Representative Ron Kind  
Representative Jerry Kleczka  
Representative David R. Obey  
Representative Thomas E. Petri  
Representative Paul Ryan  
Representative F. James Sensenbrenner, Jr.

Dear Secretary Thompson and Members of the Wisconsin Congressional Delegation:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

The committee wishes to express its support for past federal resources that have been appropriated to develop public health infrastructure and thereby prepare the public health system, in conjunction with its private sector partners, to deal with public health emergencies. The committee also wishes to express its strong support for continued appropriation of federal resources for these purposes.

In the aftermath of the September 11, 2001 attacks and the anthrax threats and attacks that followed shortly thereafter, preparedness to address public health emergencies became an increasingly important issue. Congress and the President responded by appropriating funds to address this issue, with the bulk of the funds to be used by state and local public health agencies and hospitals. The federal government recognized the importance of developing and maintaining a public health infrastructure that can address a variety of public health needs and that is therefore prepared to deal with public health emergencies such as those that result from acts of bioterrorism and chemical terrorism. We also recognize that local public health agencies require major investment to upgrade their capabilities and capacity to meet the challenge of bioterrorism, chemical terrorism, and other public health emergencies, and we support a majority of federal emergency preparedness public health funding being expended at the local level.

As we move forward from September 11, 2001 and the subsequent anthrax threats and attacks, it is important not to lose sight of the importance of public health preparedness.

Therefore, the committee encourages Congress and the Department of Health and Human Services to continue federal support for public health preparedness.

Sincerely,

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Senator Judy Robson, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

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Representative Frank Urban, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

**Item 4** - Letter dated December 18, 2002, to John Laabs of the Wisconsin Broadcasters Association and Thomas S. Hanson of the Wisconsin Cable Communications Association, regarding federal regulations that require video programming distributors to make emergency information available to persons who are hearing impaired or visually impaired.

Mr. John Laabs, President  
Wisconsin Broadcasters Association  
44 East Mifflin Street, Suite 900  
Madison, WI 53703

Mr. Thomas S. Hanson, Executive Director  
Wisconsin Cable Communications Association  
One South Pinckney Street, Suite 725  
Madison, WI 53703

Dear Mr. Laabs and Mr. Hanson:

We are writing to you in our capacity as co-chairs of the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies. The committee was established by the Joint Legislative Council to examine issues relating to preparedness for terrorist attacks and public health emergencies and coordination of the public health system with other systems involved in responding to terrorism and public health emergencies. A list of members of the Special Committee is enclosed.

During emergencies, whether caused by factors related to public health or other factors, it is vitally important that persons with disabilities receive all of the necessary information in a timely manner. Therefore, the committee supports having video programming distributors, such as members of your organizations, make necessary emergency information available in a manner that is accessible by persons who are hearing impaired or visually impaired.

This is not only good public policy, but is also required under regulations of the Federal Communications Commission (FCC). Those regulations require video programming distributors to make emergency information available as prescribed in the regulations. (47 C.F.R. s. 79.2.) Emergency information that is provided in the audio portion of the programming must be made accessible to persons with hearing disabilities by closed captioning or another method of visual presentation. Emergency information that is provided in the video portion of a regularly scheduled newscast, or a newscast that interrupts regular programming, must be made accessible to persons with visual disabilities. Finally, the regulations specify that emergency information that is provided in the video portion of programming that is not part of such a newscast must be accompanied by an aural tone. An FCC publication describing the requirements is enclosed.

It is important that you remind your members of their obligations under the FCC regulations to provide the emergency information to persons with disabilities. It would also be helpful if you could provide this committee with information regarding compliance of your members with the requirements under the FCC regulations.

Thank you for considering this recommendation and we look forward to your response.

Sincerely,

---

Senator Judy Robson, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

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Representative Frank Urban, Co-Chair  
Special Committee on the Public Health  
System's Response to Terrorism and  
Public Health Emergencies

*Committee and Joint Legislative Council Votes*

The following draft was recommended by the Special Committee on the Public Health System's Response to Terrorism and Public Health Emergencies for introduction in the 2003-04 Session of the Legislature:

- WLC: 0103/1, relating to creating a public health council, reimbursement for quarantine costs, intrastate mutual aid, requiring use of the incident command system in emergency response, exemption from liability during a state of emergency, threats to release or disseminate harmful chemical, biological, or radioactive substances, providing a penalty, and making appropriations.

**SPECIAL COMMITTEE VOTES**

The above draft is a *composite of six drafts* recommended by the Special Committee. Those drafts and the Special Committee's votes on them are as follows:

- WLC: 0068/1, relating to requiring use of the incident command system in emergency response, was recommended, as amended, by a vote of Ayes, 12 (Sens. Robson and Harsdorf; Reps. Urban and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Reps. Kreibich and Miller).
- WLC: 0062/1, relating to creating a public health advisory council, was recommended, as amended, by a vote of Ayes, 11 (Sen. Robson; Reps. Miller and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 1 (Rep. Urban); and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).
- WLC: 0061/1, relating to threats to release or disseminate harmful chemical, biological, or radioactive substances and providing a penalty, was recommended, as amended, by a vote of Ayes, 11 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 3 (Sen. Harsdorf; Rep. Kreibich; and Public Member Hargarten).
- WLC: 0063/1, relating to reimbursement for quarantine costs, was recommended, as amended, by a vote of Ayes, 12 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).
- WLC: 0066/1, relating to intrastate mutual aid, was recommended, as amended, by a vote of Ayes, 12 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hargarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).

- WLC: 0067/1, relating to exemption from liability during a state of emergency, was recommended by a vote of Ayes, 12 (Sen. Robson; Reps. Urban, Miller, and Schooff; and Public Members Birlingmair, Brown, Foldy, Hansen, Hergarten, Laessig, Reseburg, and Rozar); Noes, 0; and Absent, 2 (Sen. Harsdorf; and Rep. Kreibich).

### **JOINT LEGISLATIVE COUNCIL VOTES**

At its February 19, 2003 meeting, the Joint Legislature Council voted to introduce WLC: 0103/1 on a roll call vote as follows: Ayes, 15 (Reps. Wieckert, Coggs, Foti, Freese, Kreuser, Lehman, Schneider, Townsend, and Travis; Sens. Lasee, Darling, Erpenbach, Harsdorf, Panzer, and Welch); Noes, 3 (Reps. Gard and Kaufert; and Sen. Lazich); and Absent, 4 (Sens. Decker, Ellis, George, and Risser).

WLC: 0103/1 was subsequently introduced as 2003 Senate Bill 120.



## APPENDIX 2

### JOINT LEGISLATIVE COUNCIL s. 13.81, Stats.

#### Co-CHAIR

**ALAN LASEE**  
*Senate President*  
2259 Lasee Road  
De Pere, WI 54115

#### Co-CHAIR

**STEVE WIECKERT**  
*Representative*  
1702 S. Irma Street  
Appleton, WI 54915

#### SENATORS

**ALBERTA DARLING**  
1325 West Dean Road  
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1100 West Wells Street, #1711  
Milwaukee, WI 53233

**MARY E. PANZER**  
*Majority Leader*  
635 Tamarack Drive West  
West Bend, WI 53095

**RUSSELL DECKER**  
6803 Lora Lee Lane  
Schofield, WI 54476

**SHEILA HARSDORF**  
N6627 County Road E  
River Falls, WI 54022

**FRED A. RISSER**  
5008 Risser Road  
Madison, WI 53705

**MICHAEL G. ELLIS**  
1752 County Road GG  
Neenah, WI 54956

**MARY LAZICH**  
4405 S. 129<sup>th</sup> St.  
New Berlin, WI 53151

**ROBERT WELCH**  
*President Pro Tempore*  
P.O. Box 523  
Redgranite, WI 54970

**JON ERPENBACH**  
*Minority Leader*  
2385 Branch St.  
Middleton, WI 53562

#### REPRESENTATIVES

**G. SPENCER COGGS**  
3732 North 40th Street  
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**DEAN KAUFERT**  
1360 Alpine Lane  
Neenah, WI 54956

**MARLIN D. SCHNEIDER**  
3820 Southbrook Lane  
Wisconsin Rapids, WI 54494

**STEVEN M. FOTI**  
*Majority Leader*  
351 Lisbon Road  
Oconomowoc, WI 53066

**JIM KREUSER**  
*Minority Leader*  
3505 14th Place  
Kenosha, WI 53144

**JOHN TOWNSEND**  
297 Roosevelt Street  
Fond du Lac, WI 54935

**STEPHEN J. FREESE**  
*Speaker Pro Tempore*  
310 East North Street  
Dodgeville, WI 53533

**MICHAEL LEHMAN**  
1317 Honeysuckle Road  
Hartford, WI 53027

**DAVID TRAVIS**  
5440 Willow Road  
Waunakee, WI 53597

**JOHN GARD**  
*Speaker*  
481 Aubin Street  
P.O. Box 119  
Peshtigo, WI 54157

This 22-member committee consists of the majority and minority party leadership of both houses of the Legislature, the cochairs and ranking minority members of the Joint Committee on Finance, and 5 Senators and 5 Representatives appointed as are members of standing committees.



**THE PUBLIC HEALTH SYSTEM'S RESPONSE TO  
TERRORISM AND PUBLIC HEALTH EMERGENCIES  
SPECIAL COMMITTEE ON**

Senator Sheila Harsdorf  
N6627 County Road E  
River Falls, WI 54022

Representative Rob Kreibich  
3437 Nimitz Street  
Eau Claire, WI 54701

Representative Mark Miller  
4903 Roigan Terrace  
Monona, WI 53716

Senator Judith Robson, **Co-Chair**  
2411 E. Ridge Road  
Beloit, WI 53511

Representative Dan Schooff  
744 Wisconsin Avenue  
Beloit, WI 53511

Representative Frank H. Urban, **Co-Chair**  
3645 Emberwood Drive  
Brookfield, WI 53005

Doug Birlingmair  
Waukesha Memorial Hospital  
725 American Avenue  
Waukesha, WI 53188

Gary Brown  
Pierce County Emergency Management  
414 West Main Street, P.O. Box 805  
Ellsworth, WI 54011

Seth Foldy  
Milwaukee Health Department  
841 N. Broadway Avenue, Room 315  
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4860 Sheboygan Avenue  
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Ronald Laessig  
WI State Laboratory of Hygiene  
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Jim Reseburg  
City of Beloit  
1111 Church Street  
Beloit, WI 53511

Donna Rozar, Wood Co. Bd of Supervisors  
Chair, Wood County Board of Health  
1126 Ridge Road  
Marshfield, WI 54449

STUDY ASSIGNMENT: The Committee is directed to examine: (1) the capacity of the public health system, and the adequacy of state laws to enable that system, to detect and respond quickly to a terrorist act or public health emergency; (2) the coordination of activities of the public health system with other systems involved in responding to a terrorist act or public health emergency; and (3) the adequacy and flexibility of resources available to these systems that can be used to detect and respond to terrorist acts and public health emergencies. Established and Co-Chairs appointed by a May 22, 2002 mail ballot; members appointed by a July 15, 2002 mail ballot.

14 MEMBERS: 2 Senators, 4 Representatives, and 8 Public Members.

LEGISLATIVE COUNCIL STAFF: Richard Sweet and Pam Shannon, Senior Staff Attorneys, and Julie Learned, Support Staff.



*Committee Materials List*

**December 17, 2002 Meeting**

[WLC: 0061/1](#), relating to threats to release or disseminate harmful chemical, biological, or radioactive substances and providing a penalty

[WLC: 0062/1](#), relating to creating a public health advisory council

[WLC: 0095/1](#), an amendment to WLC: 0062/1

[WLC: 0063/1](#), relating to reimbursement for quarantine costs

[WLC: 0064/1](#), relating to creating a hospital preparedness grant program and making an appropriation

[WLC: 0065/1](#), relating to hospital involvement in local emergency management planning

[WLC: 0066/1](#), relating to intrastate mutual aid

[WLC: 0067/1](#), relating to exemption from liability during a state of emergency

[WLC: 0068/1](#), relating to requiring use of the incident command system in emergency response

[Draft letter](#) to Mr. Steve Brenton, President, Wisconsin Health and Hospital Association, Inc.

[Draft letter](#) to Secretary Phyllis Dubé, Department of Health and Family Services

[Draft letter](#) to Secretary Tommy G. Thompson, Department of Health and Human Services, and Members of the Wisconsin Congressional Delegation

[Draft letter](#) to Governor-Elect James E. Doyle

[Draft letter](#) to Mr. John Laabs, President, Wisconsin Broadcasters Association, and Mr. Thomas S. Hanson, Executive Director, Wisconsin Cable Communications Association

[Final letter](#) to Secretary Tommy G. Thompson, Department of Health and Human Services, and Members of the Wisconsin Congressional Delegation

[Final letter](#) to Secretary-Designate Helene Nelson, Department of Health and Family Services

[Final letter](#) to Governor-Elect James E. Doyle

[Final letter](#) to Mr. John Laabs, President, Wisconsin Broadcasters Association, and Mr. Thomas S. Hanson, Executive Director, Wisconsin Cable Communications Association

**November 13, 2002 Meeting**

[Memo No. 1, Recommendations Related to Public Health Emergencies](#) (11-4-02)

Recommendations submitted by committee members:

[Doug Birlingmair](#)

[Seth Foldy](#)

[Jim Reseburg](#)

[Donna Rozar](#)

[Final Report](#), **Governor's Task Force on Terrorism Preparedness**, Phyllis Dubé and Ed Gleason (10-02)

## **October 2, 2002 Public Hearing**

[Testimony](#), **Phyllis Dubé**, Secretary, Department of Health and Family Services (DHFS)

[Testimony](#), **Ed Gleason**, Administrator, Division of Emergency Management, Department of Military Affairs

[Report and Executive Summary](#), Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public

[Testimony](#), **Representative MaryAnn Lippert**, 70th Assembly District

[Testimony](#), **Gina Dennik-Champion**, Executive Director, Wisconsin Nurses Association

[Testimony](#), **Terry Brandenburg**, City of West Allis, **Melody Bockenfeld**, Outagamie County, **Jim Ryder**, Eau Claire City-County Health Department, and **Julie Patefield-Halvorsen**, Dane County Health Department

[Testimony](#), **Frank G. Matteo**, Health Office/Director, Kenosha County Division of Health

[Testimony](#), **Doug Mormann**, Director, La Crosse County Health Department

[Testimony](#), **Janet Lewellyn**, Health Officer/Administrator, Shawano County Health Department

[Testimony](#), **Helen Krause**, Director, Rock County Health Department

[Testimony](#), **Nancy Anderson**, Survival Coalition of Wisconsin Disability Organizations

[Testimony](#), **Dr. William Scheckler**, on behalf of the Public Health Advisory Committee

Materials submitted by **Dr. Seth Foldy**, Milwaukee City Health Commissioner:

[Milwaukee Biosurveillance Project](#)

[Preparation for Bioterrorism and Other Outbreaks](#)

[Alternate Mass Care Sites for Emergencies in Milwaukee County](#)

## **September 4, 2002 Meeting**

[Staff Brief 02-4](#), **Overview of Selected Laws and Programs in Wisconsin Relating to Public Health Emergencies and Emergency Managements** (8-27-02)

[Testimony](#), **Christine Bacon**, Director, Bureau of Technological Hazards, Division of Emergency Management, Department of Military Affairs ([acronyms](#) used in presentation)

[Testimony](#), **John Chapin**, Administrator; and **Steven Marshall**, Bioterrorism Preparedness Coordinator; Division of Public Health, Department of Health and Family Services